

State of Washington

PRINTED: 01/10/2019
FORM APPROVED

X2017-1355

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 000101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 09/25/2017
NAME OF PROVIDER OR SUPPLIER LOURDES COUNSELING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1175 CARONDELET DRIVE RICHLAND, WA 99352			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
L 000	<p>INITIAL COMMENTS</p> <p>STATE LICENSING SURVEY</p> <p>The Washington State Department of Health (DOH) in accordance with Washington Administrative Code (WAC), Chapter 246-322 Psychiatric Hospital Licensing Regulations, conducted this health and safety survey.</p> <p>Onsite dates: 09/19/17 to 09/20/17</p> <p>Examination number: 2017-1355</p> <p>The survey was conducted by:</p> <p>Lisa Mahoney, MPH, PHA Joyce Williams, RN, BSN</p> <p>The Washington Fire Protection Bureau conducted the fire life safety inspection on 09/25/17.</p>	L 000	<p>1. A written PLAN OF CORRECTION is required for each deficiency listed on the Statement of Deficiencies.</p> <p>2. EACH plan of correction statement must include the following:</p> <p>The regulation number and/or the tag number;</p> <p>HOW the deficiency will be corrected;</p> <p>WHO is responsible for making the correction;</p> <p>WHAT will be done to prevent reoccurrence and how you will monitor for continued compliance; and</p> <p>WHEN the correction will be completed.</p> <p>3. Your PLANS OF CORRECTION must be returned within 10 business days from the date you receive the Statement of Deficiencies. Your Plans of Correction must be postmarked by 10/16/17</p> <p>4. Return the ORIGINAL REPORT with the required signatures.</p>		
L 335	<p>322-035.1G POLICIES-EMERGENCY CARE</p> <p>WAC 246-322-035 Policies and Procedures. (1) The licensee shall develop and implement the following written policies and procedures consistent with this chapter and</p>	L 335			10/31/17

State Form 2567

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6890

42H011

If continuation sheet 1 of 5

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L 335	<p>Continued From page 1</p> <p>services provided: (g) Emergency medical care, including: (i) Physician orders; (ii) Staff actions in the absence of a physician; (iii) Storing and accessing emergency supplies and equipment; This Washington Administrative Code is not met as evidenced by:</p> <p>Based on observation, interview, and review of policies and procedures, the psychiatric hospital failed to check emergency supplies to ensure the items had not expired.</p> <p>Failure to ensure that emergency supplies have not expired could lead to use of products that are not sterile and have reduced efficacy leading to possible harm for patients.</p> <p>1: The hospital policy titled, "Stock Rotation" Policy #S-13 stated that to prevent stock deterioration a surveillance check should be done at least once a month to verify expiration dates.</p> <p>1. On 09/19/17 at 10:15 AM, Surveyor #2 examined the facility's medication room. During the examination, Surveyor #2 found the following supplies that had passed expiration dates:</p> <p>a. 3 intravenous (IV) start kits that expired 06/17 b. 4 angio-catheters that expired 06/17 c. 4 saline IV flushes that expired 08/17</p> <p>2. The staff nurse (Staff #1) stated that the supplies were checked by materials management or pharmacy and the nurses were notified when to order new supplies. The Director of Nursing (Staff #2) acknowledged that the supplies were expired and removed them from the emergency</p>	L 335		

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L 335	Continued From page 2 supplies.	L 335		
L 615	<p>322-050.9A TB-MANTOUX TEST</p> <p>WAC 246-322-050 Staff. The licensee shall: (9) In addition to following WISHA requirements, protect patients from tuberculosis by requiring each staff person to have upon employment or starting service, and each year thereafter during the individual's association with the hospital: (a) A tuberculin skin test by the Mantoux method, unless the staff person: (i) Documents a previous positive Mantoux skin test, which is ten or more millimeters of induration read at forty-eight to seventy-two hours; (ii) Documents meeting the requirements of this subsection within the six months preceding the date of employment; or (iii) Provides a written waiver from the department or authorized local health department stating the Mantoux skin test presents a hazard to the staff person's health; This Washington Administrative Code is not met as evidenced by:</p> <p>Based on record review and interview, the psychiatric hospital failed to provide annual screening for tuberculosis to their contracted staff members.</p> <p>Failure to provide annual screening for tuberculosis for all staff members puts patients, staff and visitors at risk of exposure to tuberculosis.</p>	L 615		11/15/17

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L 615	Continued From page 3 Findings included: 1. On 09/20/17 between 10:00 and 11:00 AM, Surveyor #1 reviewed the psychiatric hospital's process for maintaining tuberculosis screening information on staff members. The review showed that two contracted staff members, one in dietary services and one physical therapist (Staff #3 and Staff #4) had received their last mantoux test (screening test for tuberculosis) in 12/06/12 and 07/31/13, respectively. 2. The manager of the dietary department (Staff #5) and the manager of quality and risk(Staff #6) confirmed the findings.	L 615		
L 780	322-120.1 SAFE ENVIRONMENT WAC 246-322-120 Physical Environment. The licensee shall: (1) Provide a safe and clean environment for patients, staff and visitors; This Washington Administrative Code is not met as evidenced by: Based on observation and interview, the psychiatric hospital failed to maintain equipment in patient rooms to safeguard against ligature risk. Failure to safeguard equipment from providing a source for ligature placement, puts patients at risk of injury or death from hanging. Findings included: 1. On 09/19/17 at 11:00 AM, Surveyor #1 and the Facilities Manager (Staff #7) toured the patient rooms. In patient room "P" (a room designed for	L 780		10/31/17

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L 780	Continued From page 4 patients to use when in airborne isolation), the surveyor observed that the ultra-violet light was mounted in a way that allowed for patient access and had a sufficient gap that allowed for material to be looped between the wall and the device. 2. At the time of the observation, Staff #7 stated that the light might have been installed incorrectly.	L 780		